

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1940 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1-1887
Full Name of Deceased, Emma Aloisia Kunst
Sex, ~~Male~~ or Female, ☒ Male ☐ Female
Age, 5 Years, 0 Months, 0 Days
Color, White
Married, Single, Widow or Widower, ☒ Single ☐ Married ☐ Widow ☐ Widower
Occupation,
Birth Place,
Duration of Residence in the City of Baltimore,
Place of Death, 614 Cooke St
Cause of Death, Cholera Inf.
Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, East Cem.
Date of Burial, August 3.
Undertaker, Walter Inman
Place of Business, 594 W. Biddee St. Address, 407 N. Green
Medical Attendant, H. Gay Smith M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1941 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 1st 1887

Full Name of Deceased, Frank Genkush

Sex, Male or Female, Male

Age, 8 Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, City

Birth Place, Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, # 1366 Lancaster

Cause of Death, Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Burial Ground

Date of Burial, August 2nd 1887

Undertaker, Felix Broskowski

Medical Attendant, John H. Rehberger M. D.

Place of Business, 1732 Abram St Address, 1709 Alice Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1942 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rudolph Schweikowski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Swiss Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } # 842 S. Bond

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Stegermer Cemetery

Date of Burial, August 3rd 1887

Undertaker, Edw. Broschowsky John H. Rehberger M. D. Medical Attendant.

Place of Business, 1732 Wisconsin Address, 1709 Alice Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore,

Permit No.

1943

Office of Registrar of Vital Statistics.

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The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Gagerhi.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Bathing

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bathing

Duration of Residence in the City of Baltimore, 1920

Place of Death, { Give street and number. } Alice Anna Street

Cause of Death, { First, (Primary.) Convulsions. Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 2nd 1887

Undertaker, F. Broszkowski

Place of Business, 1732 N. E. St. Address, S. W. Cor. Volpe & Canton

Medical Attendant, C. M. Schulte M.D.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1944 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH.

Date of Death, Aug. 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Doyle

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 14 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } C

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give Street and Number. } 1617 W. Fayette St

Cause of Death, { First (Primary), Second (Immediate), } Marasmus

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, NW Cathedral

Date of Burial, Aug 3rd 1887

Undertaker, Denny + Mitchell Edward J. Flood M. D. Medical Attendant.

Place of Business, 201 W. Fayette St Address, 1403 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1945 Office of Registrar of Vital Statistics.

Ward: 19

The Physician who attended any person in a last illness, is responsible for the present to the Undertaker or other person superintending the burial, within twenty-four hours after requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PR

THE SUN.

BALTIMORE, WEDNESDAY, AUG. 3, 1887.

HUDSON.—On August 1, at 10 o'clock P. M., MRS. CHEL P., aged 85 years, widow of the late Hudson. [Richmond and Farmville papers please copy.]

Funeral will take place from the residence of her son-in-law, Thomas W. Wiley, No. 1336 North Carey street, August 3, at one o'clock P. M. Relatives and friends of the family are invited to attend.

CERTIFICATE OF DEATH

Date of Death, Aug. 2, 1887

Full Name of Deceased, Mrs. Mitchell Hudson { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Female { Cross out the word not required in this line. }

Age, 85 Years, 0 Months, 0 Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, Widow { Cross out the words not required in this line. }

Occupation, None

Birth Place, N. Va. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, 1336 N. Carey St { Give Street and Number. }

Cause of Death, Old Age { First (Primary), Second (Immediate), }

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Aug 3, 1887

Undertaker, Martin Fahy & Son

Place of Business, 606 W. Townsend St

Medical Attendant, Wm J. Chapin M. D.

Address, Postman Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 1946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Tell Bixler

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 66 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1029 Fulton Ave

Cause of Death { First, (Primary,) Dysentery
Second, (Immediate,) six days

Duration of last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, August 3rd 1887 Georg Cople M. D.

Medical Attendant.

{ Undertaker, Stewart M. M. M.

{ Place of Business, 213 & 217 Park Ave Address, 711 Cary St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Special Attention of Physicians is respectfully invited to the following...

Board of Health, City of Baltimore,

Permit No. 1947 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 19, 1887

Full Name of Deceased, William Booker
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~, Male
Cross out the word not required in this line.

Age, 10 Months, 12 Days,

Color, White

Married, Single, Widow or Widower, Single
Cross out the word not required in this line.

Occupation, None

Birthplace, Baltimore Md
State or country, and now long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 10 months

Place of Death, 2017 Bond Hill Ave
Give street and Number.

Cause of Death, Enterocolitis
Convulsions
First, (Primary), Second, (Immediate).

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician

Place of Burial, London Park Cemetery

Date of Burial, Aug. 3rd 1887

Undertaker, J. J. Seewald

Place of Business, 119 E. Eutaw St

William E. Niehaus M. D.,
Medical Attendant.
1503 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1948 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allen Murphy

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, _____ Months, _____ Days.

Color, White

Married, Married Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dental Surgeon

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, since July 27-87

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Dilium Tremens
Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, August 2nd

Undertaker, H. Jenkins & Sons Chas. A. Ray M. D.

Place of Business, Park & Scuteloja Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 1949 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *August 2nd 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles E. Ganks.*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Two* Years, *Fifteen* Months, *✓* Days.

Color, *White.*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Maryland.*

Duration of Residence in the City of Baltimore, *2 months 15 days.*

Place of Death, { Give Street and Number. } *1407 Cooksiesh*

Cause of Death, { First (Primary), Second (Immediate), } *Cholera Infantum.*
Dysphnoea.

Duration of Last Sickness, *Three Weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *Int. Carmel*

Date of Burial, *Aug 3rd 1887*

{ Undertaker, *Armstrong & Denney* *W. Lake Hooper* M. D.

Medical Attendant.

{ Place of Business, *715 Light St* Address, *1329 Hull sh*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]